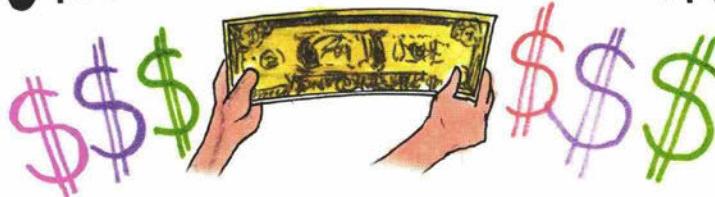


**GZJ KDV 76**

**Endo Generic Products**

# Morphine Sulfate Extended-Release Tablets CII

## STRETCHES YOUR PROFITS



Receive up to \$50.00 per invoice when you order Endo Morphine Sulfate ER Tablets CII 100's in any strength.

NDC-60951	Morphine Sulfate ER Tablets CII	REBATE
652-70	15 mg Bottles of 100	\$7.50 / bottle
653-70	30 mg Bottles of 100	\$10.00 / bottle
655-70	60 mg Bottles of 100	\$15.00 / bottle

Purchase any quantity of Endo Morphine Sulfate ER Tablets CII 100's in any strength, send a copy of the rebate form below and your invoice to the address on the form and Endo will reimburse you up to \$50.00 per invoice.

- This offer is not valid to pharmacies purchasing these products at contract prices.
- Offer effective for invoices dated May 5, 2000 - June 30, 2000.
- Please allow 4-6 weeks for rebate delivery. Offer void where prohibited.
- Rebates should be treated as discounts for the purpose of federal and state antikickback and antifraud laws and regulations (including Medicare and Medicaid Antikickback Statute). It is your responsibility to comply with all applicable requirements under such laws and regulations, including the relevant reporting and disclosure obligations.
- Request for rebates must be postmarked by August 1, 2000.
- Maximum rebate \$50.00 per invoice.

**REBATE**

**Endo Morphine Sulfate ER Tablets CII**

To receive your rebate:

Please type/print the following information:

Pharmacy Name		
Street Address		
City	State	Zip
Pharmacy Phone Number		

1. Mail your wholesale invoice for Endo Morphine Sulfate ER Tablets CII and circle the amount paid.
2. Invoices must be dated between May 5, 2000 and June 30, 2000.
3. Offer limited to \$50.00 per invoice.
4. Requests must be postmarked by August 1, 2000.

Mail Rebate to: Endo MSER Rebate Program  
PO Box 810221  
Boca Raton, FL 33481

Endo is not responsible for lost, late or postage due mail. Please allow 4 to 6 weeks for rebate payment.

## Order Today

**Complete your DEA Form 222 for Endo Morphine Sulfate ER Tablets CII as indicated below**

See Reverse of PURCHASER'S Copy for instructions			No order form may be issued for Schedule I and II substances unless a completed application form has been received (21 CFR 1305.04).			OMB APPROVAL No.		
TO: (Name of Supplier) (Wholesaler's Name)			STREET ADDRESS (Wholesaler's Street Address)					
CITY and STATE (Wholesaler's City & State)			DATE (Today's Date)			TO BE FILLED IN BY SUPPLIER SUPPLIER'S DEA REGISTRATION No.		
TO BE FILLED IN BY PURCHASER								
L I N No.	No. of Packages	Size of Package	Name of item			NATIONAL DRUG CODE	Packages Shipped	Date Shipped
1	1	100	Morphine Sulfate ER Tablets 15 mg			6   0   9   5   1   -   6   5   2   -   7   0		
2	1	100	Morphine Sulfate ER Tablets 30 mg			6   0   9   5   1   -   6   5   3   -   7   0		
3	1	100	Morphine Sulfate ER Tablets 60 mg			6   0   9   5   1   -   6   5   5   -   7   0		
3 ← LAST LINE COMPLETED (MUST BE TEN OR LESS)			SIGNATURE OF PURCHASER OR HIS ATTORNEY OR AGENT			<i>John Doe</i>		
Date Issued		DEA Registration No.		Name and Address of Registrant				
Schedules								
Registered as a		No. of this Order Form						
DEA Form #222 (Oct. 1992)			U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II DRUG ENFORCEMENT ADMINISTRATION SUPPLIER'S COPY 1					

### DEA Form 222 Preparation Guidelines

1. Use a typewriter, ball point pen or indelible ink.
2. Fill in Suppliers name and DEA registered address.
3. Fill in "order date".
4. Each item ordered must be on a separate line and include:
  - Number of packages
  - Size of package(s)
  - Item name/dosage form/strength
  - National Drug Code number (NDC number)
5. Enter number of lines completed including last line used (max 10 lines).
6. "Signature of Purchaser" must be signed by the person signing the DEA Registration Application or anyone possessing a current/valid power of attorney.
7. REMEMBER- erasures, alterations and changes invalidate DEA Form 222. If a mistake is made, VOID the form and issue a new one. Refer to the back of your blue "Purchaser's Copy" for additional instructions.
8. Placing the Order: Keep copy 3 (blue) and send remainder of the DEA Form 222 (brown and green copies) intact to your Wholesaler.

**Endo®**

**Endo Generic Products**

Rx only

CHADDS FORD, PENNSYLVANIA 19317  
1-800-462-ENDO  
[www.Endo.com](http://www.Endo.com)

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